



Attn: Alarm Coordinator
1100 Washington Ave.
Miami Beach, FL 33139
(305) 673-7115 FAX (305) 673-7879

DATE ISSUED: _____
AMOUNT PAID: _____
NEW ___ RENEWAL ___ CHANGE ___

City of Miami Beach Alarm Subscriber Permit Application

1. Alarm Subscriber/Business Name: _____
2. Phone Number at Alarmed Location: _____
3. Address of Alarmed Location: _____
4. Mailing Address: _____ Attn: _____
City, State, Zip Code: _____
5. Is Alarmed Location a Business or a Residence? (Please circle one) Business Residence
6. Name of Alarm/Monitoring Co.: _____
State of Florida License Number: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone Number: _____
7. Business or Residence Owner's Name: _____
Phone Number: _____
8. Who owns the Alarm Equipment? (Please circle one) Alarm Company Subscriber
9. Dogs, Hazards, Special Comments Regarding Premises: _____

Call 305-673-7115/VOICE to request material in accessible format; sign language interpreters (five days in advance when possible), or information on access for persons with disabilities.

10. Normal Business Hours: Open: _____ Close: _____ Days Open: _____

11. Do you have a Security Guard checking your premises? (Please circle one) YES NO

If Yes, Name of Guard Company: _____

Days and hours premises checked: _____

Do they have a key to the premises? (Please circle one) YES NO

24 Hour Phone Number: _____

12. Type of Alarm System: Burglary Audible or Silent (Please circle one)
Holdup / Armed Robbery Audible or Silent
Panic Audible or Silent

13. Date of Alarm Installation: _____ Date of last Alarm Inspection: _____

14. Who should be contacted in the event of an alarm?

	<u>Name</u>	<u>Relationship</u>	<u>Day Phone</u>	<u>Night Phone</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

15. Do you have more than one alarm system at this address? (Please circle one) YES NO

If yes, please list each alarm system below and describe what area it covers. (office, warehouse, guest house, etc.)

	<u>System Information</u>	<u>Permit No.</u>
System 1:	_____	_____
System 2:	_____	_____
System 3:	_____	_____
System 4:	_____	_____
System 5:	_____	_____

If any changes need to be made to your Alarm Subscriber Permit, they must be made in writing.

16. Applicant Signature _____ Date: _____